

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

RECEIVED
CITY OF SAN ANTONIO
REGISTRATION

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

05 APR 11 AM 10:06

2 Total pages filed:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Saul

NICKNAME

LAST

SUFFIX

Santos

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7520 Potranco Rd, #308

San Antonio, TX 78251

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

920-4376

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

R.

Maribel

NICKNAME

LAST

SUFFIX

Flores

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1542 Sunbend Falls

San Antonio, TX 78224

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

921-9841

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

2 / 25 / 05

3 / 28 / 05

11 ELECTION

ELECTION DATE

Month Day Year

5 / 07 / 05

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 6

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

RECEIVED
CITY OF SAN ANTONIO
REGISTRATION CLERK

15 C/OH NAME

Saul Santos 05/02/11 AM 10:06

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

N/A

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 847.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1528.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1150.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 378.00

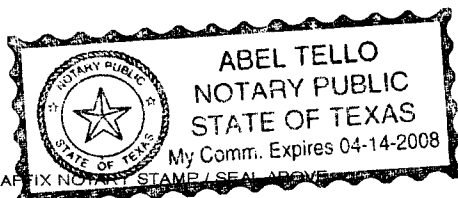
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ —

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said SAUL SANTOS JR., this the 7TH day of APRIL, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

ABEL TELLO

Printed name of officer administering oath

NOTARY PUBLIC
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

RECEIVED
CITY OF SAN ANTONIO

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Gaul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Melissa Ann Olivarez

6 Contributor address; City; State; Zip Code

1006 Menefee Blvd
San Antonio, TX 78237

7 Amount of contribution (\$)

\$ 25.00

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

Teacher

10 Employer (See Instructions)

Edgewood ISD

Date

2/25/05

Full name of contributor

☐ out-of-state PAC (ID#)

Virgil Shaw

Contributor address; City; State; Zip Code

711 San Manuel
San Antonio, TX 78237

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Alarm System Tech.

Employer (See Instructions)

Simplex Grinnell / Tyco

Date

2/25/05

Full name of contributor

☐ out-of-state PAC (ID#)

Andrea Olivarez

Contributor address; City; State; Zip Code

1006 Menefee Blvd
San Antonio, TX 78237

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

School Counselor

Employer (See Instructions)

Edgewood ISD

Date

2/25/05

Full name of contributor

☐ out-of-state PAC (ID#)

Maribel R. Flores

Contributor address; City; State; Zip Code

1542 Sankel Falls
San Antonio, TX 78224

Amount of contribution (\$)

\$ 25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Admin. Assistant

Employer (See Instructions)

HHSC

Date

2/25/05

Full name of contributor

☐ out-of-state PAC (ID#)

Carlos Rubio

Contributor address; City; State; Zip Code

230 Sussex Ave
San Antonio, TX 78221

Amount of contribution (\$)

\$ 50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Auto Dealership Owner

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4	
2 FILER NAME SAUL SANTOS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/25/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Linda Rubio	7 Amount of contribution (\$) \$ 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 230 Sussex Ave San Antonio, TX 78221			
9 Principal occupation / Job title (See Instructions) Auto Dealership Owner		10 Employer (See Instructions) Self	
Date 2/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Saul G. Santos	Amount of contribution (\$) \$ 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 711 S. San Manuel San Antonio, TX 78237			
Principal occupation / Job title (See Instructions) Bodyshop Tech / Retired		Employer (See Instructions)	
Date 2/25/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Melinda Alcantar	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1302 Cantell San Antonio, TX 78221			
Principal occupation / Job title (See Instructions) Hairstresser		Employer (See Instructions)	
Date 3/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Richard Valdez Jr + Joan	Amount of contribution (\$) \$ 20.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5970 Hidden Dale San Antonio, TX 78250			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Sylvia + Willie Acosta	Amount of contribution (\$) \$ 11.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 334 Altitude, San Antonio, TX 78227			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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CITY OF SAN ANTONIO
MAR 10 2005

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 47	
2 FILER NAME SAUL SANTOS		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/8/05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fannie M. Royal	7 Amount of contribution (\$) \$ 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1934 Supreme Dr San Antonio, TX 78220			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 3/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Laura & Jesse Garcia	Amount of contribution (\$) \$ 10.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6613 Cherry Leaf San Antonio, TX 78238			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/8/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joe Garcia	Amount of contribution (\$) \$ 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10307 Aristocrat Dr. San Antonio, TX 78741			
Principal occupation / Job title (See Instructions) Retired Military		Employer (See Instructions)	
Date 3/9/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gene Ed & Mary Ryder	Amount of contribution (\$) \$ 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1502 Copperfield Rd San Antonio, TX 78251			
Principal occupation / Job title (See Instructions) Ph.D.		Employer (See Instructions)	
Date 3/12/05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maribel R. Flores	Amount of contribution (\$) \$ 60.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1542 Sunbend Falls San Antonio, TX 78224			
Principal occupation / Job title (See Instructions) Admin Assist.		Employer (See Instructions) HHSC	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/12/05

5 Full name of contributor

☐ out-of-state PAC (ID#)

Melinda Alcantar

6 Contributor address; City; State; Zip Code

1302 Cantrell
San Antonio, TX 782217 Amount of
contribution (\$)

\$60.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

Hairdresser

10 Employer (See Instructions)

Date

3/21/05

Full name of contributor

☐ out-of-state PAC (ID#)

Suzanne Mejia

Contributor address; City; State; Zip Code

1600 Wickersham Lane
Austin, TX 78741Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Student

Employer (See Instructions)

Date

3/5/05

Full name of contributor

☐ out-of-state PAC (ID#)

Juan Huerta

Contributor address; City; State; Zip Code

706 SW 34th St.
San Antonio, TX 78237Amount of
contribution (\$)

(\$57.49)

* In-kind contribution
description (if applicable)office supplies
(paper, envelopes)
postage stamps

Principal occupation / Job title (See Instructions)

Truck Driver

Employer (See Instructions)

De Los Santos Trucking

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEGDED CONTRIBUTIONS

RECEIVED
CITY OF SAN ANTONIO
CLERK
SCHEDULE B

The INSTRUCTION GUIDE explains how to complete this form.					1 Total pages Schedule B: 07	
2 FILER NAME Saul Santos					3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$						
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			8 Amount of pledge (\$)	9 In-kind description (if applicable)	
7 Pledgor address; City; State; Zip Code						
10 Principal occupation / Job title (See Instructions)			11 Employer (See Instructions)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)			Amount of pledge (\$)	In-kind description (if applicable)	
Pledgor address; City; State; Zip Code						
Principal occupation / Job title (See Instructions)			Employer (See Instructions)			

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

RECEIVED
CITY OF SAN ANTONIO
CLERK

05 APR 11 11:10 AM
1 Total pages Schedule E: 1

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

7 Name of lender

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6 Is lender a financial institution?

8 Lender address; City; State; Zip Code

10 Interest rate

Y N

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

16 Name of guarantor

18 Amount Guaranteed (\$)

☐ not applicable

17 Guarantor address; City; State; Zip Code

NA

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Y N

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**RECEIVED
CITY OF SAN ANTONIO
07 APR 11 AM 10:07

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: 2

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/25/05

5 Payee name

City of San Antonio

7 Amount (\$)

\$ 100.00

6 Payee address;

City; State; Zip Code

City Clerk's
Office

San Antonio, TX

8 Purpose of payment (See instructions regarding type of information required.)

Candidate Filing Fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/26/05

Payee name

CR Signs

Amount (\$)

\$ 200.00

Payee address;

City; State; Zip Code

902 Burton

San Antonio, TX 78221

Purpose of payment (See instructions regarding type of information required.)

Campaign Signs (Deposit)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/26/05

Payee name

R+C Silkscreen

Amount (\$)

\$ 50.00

Payee address;

City; State; Zip Code

422 N. Gen McMullen

San Antonio, TX

Purpose of payment (See instructions regarding type of information required.)

Campaign T-shirts

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/12/05

Payee name

R+C Silkscreen

Amount (\$)

\$ 455.00

Payee address;

City; State; Zip Code

422 N Gen McMullen

San Antonio, TX 78237

Purpose of payment (See instructions regarding type of information required.)

Campaign
T-shirts + Bumper
Stickers

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
05 APR 11 AM 10:07

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2****2** FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

CR Signs

7 Amount (\$)

\$100.00

3/15/05

6 Payee address; City; State; Zip Code902 Burton
San Antonio, TX 78221**8** Purpose of payment (See instructions regarding type of information required.)Campaign signs
partial pymt on balance**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Saul Santos

Amount (\$)

40.00

3/21/05

Payee address; City; State; Zip Code

7520 Potranco Rd #308
San Antonio, TX 78251

Purpose of payment (See instructions regarding type of information required.)

Reimbursement
Pizza for Volunteers from Cici's Pizza**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

CR Signs

Amount (\$)

\$200.00

3/21/05

Payee address; City; State; Zip Code

902 Burton
San Antonio, TX 78221

Purpose of payment (See instructions regarding type of information required.)

Campaign signs
part pymt. on balance**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Abel Tello

Amount (\$)

\$5.00

3/29/05

Payee address; City; State; Zip Code

751 S. San Manuel St.
San Antonio, TX 78237

Purpose of payment (See instructions regarding type of information required.)

Notary Public
for PFS Paperwork**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**RECEIVED
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 1

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

05 APR 11

11 Total pages Schedule H:

11/10/07

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

N/A.

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Saul Santos

05 FEB

AN 10: 07

4 Date

5 Payee name

8 Amount
(\$)

6 Payee address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



CREDITS (optional)**SCHEDULE K**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

05 APR 11 AM 10:07
1 Total pages Schedule K: 1

2 FILER NAME

Saul Santos

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount
(\$)

6 Payor address; City; State; Zip Code

7 Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

N/A.

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount
(\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

